

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

YINYIN MAR MA,
Plaintiff,

v.

CAROLYN W. COLVIN, Commissioner of
Social Security Administration,
Defendant.

Case No. 13-cv-05196-JST

**ORDER DENYING PLAINTIFF'S
MOTION FOR SUMMARY JUDGMENT
AND GRANTING DEFENDANT'S
CROSS-MOTION FOR SUMMARY
JUDGMENT**

Re: ECF Nos. 17, 18

In this Social Security action, Plaintiff Yinyin Mar Ma ("Plaintiff") appeals a final decision of Defendant Commissioner Carolyn W. Colvin ("Defendant") denying Plaintiff's application for disability insurance benefits. Before the Court are the parties' cross-motions for summary judgment. ECF Nos. 17, 18. The matter is deemed fully briefed and submitted without oral argument pursuant to Civil Local Rule 16-5. Upon consideration of the moving papers, and for the reasons set forth below, Plaintiff's motion for summary judgment is DENIED and Defendant's motion for summary judgment is GRANTED.

I. BACKGROUND

A. Factual and Procedural History

The Social Security Act provides disability insurance benefits to individuals who are "under a disability." 42 U.S.C. § 423(a)(1). The Act defines "disability" as an "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." 42 U.S.C. § 423(d)(1)(A). The individual's impairment must be "of such severity that [she] is not only unable to do [her] previous work but cannot, considering [her] age, education, and work experience, engage in any

1 other kind of substantial gainful work which exists in the national economy” 42 U.S.C.
2 § 423(d)(2)(A).

3 Plaintiff Yinyin Mar Ma claims disability beginning on October 11, 2007. Administrative
4 Record (“AR”) 158. Ma is a 52-year-old woman who last worked in October 2007 as a hotel
5 housekeeper. AR 38–41. At her hearing, Ma testified that she worked as a housekeeper at two
6 hotels for a total of 50 to 52 hours per week. AR 39. At one hotel, she was responsible for
7 cleaning fourteen rooms and reported difficulty lifting the mattresses. Id. At the second hotel, she
8 placed candy on the pillows at night and made the beds. Id. Ma injured her back at work in
9 February 2006 and returned to work on a modified basis, but ultimately left work on the advice of
10 her physician in October 2007. AR 38, 60–61.

11 Ma suffers from several impairments, including degenerative disk disease of the lumbar
12 spine, gastroesophageal reflux disease (GERD), insomnia, and mitral stenosis and regurgitation.
13 AR 36. Between 2008 and 2012, Ma was evaluated by a battery of physicians, including Drs.
14 Lipton, Chen, Cayton, Fernandez and Kolin. AR 36–38. These physicians reached conflicting
15 conclusions regarding Ma’s capabilities. AR 36–38. For example, Dr. Fernandez, one of Ma’s
16 treating physicians, determined in 2011 that Ma was “limited to standing [for] no more than 30
17 minutes at a time, sitting for no more than one hour at a time and lifting [] no more than 10 pounds
18 at time.” AR 271. In contrast, Dr. Chen, an internal medicine consultative examiner, determined
19 in 2010 that Ma “can stand and walk for six hours in an eight-hour workday. She can sit for six
20 hours in an eight-hour day. She can lift and carry 20 pounds occasionally and 10 pounds
21 frequently.” AR 717. Beyond the symptoms documented by her physicians, Ma has testified that
22 she suffers from migraines and dizziness due to low blood pressure and reported that she cannot
23 lift her right hand, bend, or squat. AR 38, 66.

24 Ma filed her application for disability benefits under Title II of the Social Security Act
25 around June 10, 2010. AR 158. The claim was denied by the Social Security Administration on
26 November 19, 2010, and denied again upon reconsideration on July 12, 2011. AR 106–10, 115–
27 20. An administrative law judge (“ALJ”) heard Ma’s case on April 18, 2012, and issued a
28 decision on May 14, 2012, finding that Ma was not disabled within the meaning of the Social

Security Act. AR 31–47. The ALJ evaluated Ma’s claim using the five-step sequential evaluation process for disability required under the Code of Federal Regulations:

In step one, the ALJ determines whether a claimant is currently engaged in substantial gainful activity. If so, the claimant is not disabled. If not, the ALJ proceeds to step two and evaluates whether the claimant has a medically severe impairment or combination of impairments. If not, the claimant is not disabled. If so, the ALJ proceeds to step three and considers whether the impairment or combination of impairments meets or equals a listed impairment under 20 C.F.R. pt. 404, subpt. P, App. 1. If so, the claimant is automatically presumed disabled. If not, the ALJ proceeds to step four and assesses whether the claimant is capable of performing her past relevant work. If so, the claimant is not disabled. If not, the ALJ proceeds to step five and examines whether the claimant has the residual functional capacity (“RFC”) to perform any other substantial gainful activity in the national economy. If so, the claimant is not disabled. If not, the claimant is disabled.

Burch v. Barnhart, 400 F.3d 676, 679 (9th Cir. 2005); see 20 C.F.R. §§ 404.1520, 416.920 (2012).

At step one, the ALJ found that Ma had not engaged in substantial gainful activity since October 11, 2007. AR 36. At step two, he found that Ma has the following severe impairments: degenerative disc disease of the lumbar spine, GERD, insomnia, and mild mitral stenosis and regurgitation. Id. At step three, he concluded that Ma does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 C.F.R. pt. 404, Subpart P, Appendix 1, and therefore proceeded to step four. AR 38. At step four, the ALJ found that Ma is capable of performing her past relevant work. AR 38–41. In the alternative, he proceeded to step five and found that “considering the claimant’s age, education, work experience, and residual functional capacity, there are other jobs that exist in significant numbers in the national economy that the claimant can also perform.” AR 41. Based on his conclusions that Ma “can perform her past relevant work, as well as the full range of unskilled light level work,” the ALJ concluded that she is not disabled. AR 42.

In reaching these conclusions, the ALJ gave “great weight” to the opinion of the psychologist consultative examiner, Dr. Kolin, and to the state agency medical consultants who found Ma capable of light work. AR 40, 41. He also relied on the testimony of Malcolm Brodzinsky, a vocational expert. AR 41. The ALJ found Ma’s own statements concerning the intensity, persistence, and limiting effects of her symptoms “not credible” to the extent they were

inconsistent with his residual capacity assessment and discounted the opinion of Dr. Fernandez, Ma's treating physician, as "inconsistent with the overall evidence of record." AR 40.

The Appeals Council of the Social Security Administration denied review of this decision on September 18, 2013. AR 1–6. Ma subsequently filed this action seeking review of the denial of benefits. ECF No. 1.

B. Jurisdiction

The Court has jurisdiction to review final decisions of the Commissioner pursuant to 42 U.S.C. § 405(g).

C. Legal Standard

The Court may set aside a denial of benefits only if it is "not supported by substantial evidence in the record or if it is based on legal error." Merrill ex rel. Merrill v. Apfel, 224 F.3d 1083, 1084–85 (9th Cir. 2000). "Substantial evidence is relevant evidence which, considering the record as a whole, a reasonable person might accept as adequate to support a conclusion." Id. It is "more than a scintilla but less than a preponderance." Thomas v. Barnhart, 278 F.3d 947, 954 (9th Cir. 2002). The Court "review[s] the administrative record in its entirety to decide whether substantial evidence to support the ALJ's decision exists, weighing evidence that supports and evidence that detracts from the ALJ's determination." Drouin v. Sullivan, 966 F.2d 1255, 1257 (9th Cir. 1992). "Where evidence exists to support more than one rational interpretation, the Court must defer to the decision of the ALJ." Id. at 1258. The ALJ is responsible for determinations of credibility, resolution of conflicts in medical testimony, and resolution of all other ambiguities. Magallanes v. Bowen, 881 F.2d 747, 750 (9th Cir. 1989).

II. DISCUSSION

In Ma's Motion for Summary Judgment, she argues that the ALJ's decision is not supported by substantial evidence, and that overwhelming medical evidence supports her disability claim. ECF No. 17 at 3.

A. The ALJ's Step Three Analysis

As discussed above, the ALJ determined at step two that Ma suffers from the following severe impairments: degenerative disc disease of the lumbar spine, GERD, insomnia, and mild

1 mitral stenosis and regurgitation. AR 36. At step three, however, he found that she “does not
 2 have an impairment or combination of impairments that meets or medically equals the severity of
 3 one of the listed impairments in 20 C.F.R. Part 404, Subpart P, Appendix 1.” AR 38. He
 4 explained: “Listed impairments at Section 1.00 and Section 4.00 have been considered. The
 5 claimant’s impairments do not meet the criteria for any of these impairments.” Id.; see 20 C.F.R.
 6 §§ 404.1520(d), 404.1525, 404.1526.

7 Ma argues that this finding was not supported by substantial evidence because the ALJ
 8 failed to consider whether her condition equals Listing 1.04. ECF No. 17 at 9. Listing 1.04
 9 covers:

10 Disorders of the spine (e.g., herniated nucleus pulposus, spinal
 11 arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc
 12 disease, facet arthritis, vertebral fracture), resulting in compromise
 of a nerve root (including the cauda equina) or the spinal cord. With:

13 A. Evidence of nerve root compression characterized by
 14 neuro-anatomic distribution of pain, limitation of motion of
 15 the spine, motor loss (atrophy with associated muscle
 weakness or muscle weakness) accompanied by sensory or
 reflex loss and, if there is involvement of the lower back,
 positive straight-leg raising test (sitting and supine) . . .

16 20 C.F.R. Pt. 404, Subpt. P, App. 1 § 1.04. Although she acknowledges that she does not meet the
 17 listing, and that “the examining and treating physicians did not specifically describe the radicular
 18 pain in a neural anatomic distribution,” Ma suggests that the reports of Drs. Lipton and Fernandez
 19 demonstrate that her condition equals the listing. Id. at 9–10. She asks the Court to “take judicial
 20 notice of the fact that a physician would not perform epidural injections at the L4, L5, and S1
 21 nerve roots,” as Dr. Fernandez did, “absent evidence of nerve root compression or irritation.” Id.
 22 at 9.

23 The Court denies Ma’s request for judicial notice. The Court “may judicially notice a fact
 24 that is not subject to reasonable dispute because it: (1) is generally known within the trial court’s
 25 territorial jurisdiction; or (2) can be accurately and readily determined from sources whose
 26 accuracy cannot reasonably be questioned.” Fed. R. Evid. 201(b). This type of medical opinion
 27 cannot be described as “generally known within the trial court’s territorial jurisdiction” and Ma
 28

provides no support from any source for her statement. See ECF No. 17 at 9. Ma has therefore failed to establish that this is an appropriate subject for judicial notice.

The Court finds that Ma has failed to show that the ALJ's step three determination was unsupported by substantial evidence. Although Ma recounts the medical reports of Drs. Lipton and Fernandez, she does not identify any evidence in the record to support her position that her degenerative disk disease, which the ALJ characterized as "severe," is medically equal to Listing 1.04. Specifically, she does not point to "evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and . . . positive straight-leg raising test (sitting and supine)" or evidence that would equal this combination of impairments. See 20 C.F.R. Pt. 404, Subpt. P, App. 1 § 1.04(A).

B. The Combination of Orthopedic and Cardiac Conditions

Second, Ma argues that the ALJ's decision is unsupported by substantial evidence because the ALJ failed to consider that the combination of her orthopedic and cardiac impairments render her totally disabled. ECF No. 17, at 10–11. See 20 C.F.R. § 404.1523 ("In determining whether your physical or mental impairment or impairments are of a sufficient medical severity that such impairment or impairments could be the basis of eligibility under the law, we will consider the combined effect of all your impairments . . ."); McDonald v. Sec'y of Health & Human Servs., 795 F.2d 1118, 1127 (1st Cir. 1986) ("It seems simply a matter of common sense that various physical, mental, and psychological defects, each non-severe in and of itself, might in combination, in some cases, make it impossible for a claimant to work.").

The record indicates that, contrary to Ma's argument, the ALJ properly considered the combination of her impairments. In his explanation of applicable law, he explained his duty to consider "whether the claimant has a medically determinable impairment that is 'severe' or a combination of impairments that is 'severe,'" and "whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal" a relevant listing. AR 35. He also explained that in determining a claimant's residual functional capacity, he "must consider all of the claimant's impairments, including impairments that are not severe." Id. In the body of

1 his decision, the ALJ discussed both Ma’s cardiac and orthopedic conditions at steps two, three,
2 and four. AR 36–41. There is no indication in the record that he failed to consider both
3 conditions and their cumulative effects. Ma’s suggestion that the ALJ committed legal error by
4 failing to evaluate her orthopedic and cardiac impairments in combination is therefore without
5 merit.

6 **C. The ALJ’s Residual Functional Capacity Analysis**

7 Third, Ma challenges the ALJ’s determination at steps four and five that she has the
8 residual functional capacity to perform her past work and the full range of light work as defined in
9 20 C.F.R. § 404.1567(b). ECF No. 17 at 11–13; see AR 38–42. Her objections fall into two broad
10 categories: objections related to the testimony of the vocational expert and objections to the
11 relative weight the ALJ accorded the medical evidence. ECF No. 17 at 11–13. She also objects
12 that the ALJ made an adverse credibility comment concerning her testimony without adequately
13 explaining his conclusion. Id. at 9.

14 **1. The Vocational Expert’s Testimony**

15 Ma argues that the ALJ’s decision was not based on substantial evidence because he
16 erroneously relied on the testimony of the vocational expert. ECF No. 17 at 11.

17 At step four, the ALJ examines the claimant’s residual functional capacity and the physical
18 and mental demands of the claimant’s past relevant work. Pinto v. Massanari, 249 F.3d 840, 844–
19 45 (9th Cir. 2001). For the ALJ to conclude that the claimant has the residual functional capacity
20 to perform the requirements of her past relevant work, the claimant must be able to perform either
21 “[t]he actual functional demands and job duties of a particular past relevant job[] or [t]he
22 functional demands and job duties of the occupation as generally required by employers
23 throughout the national economy.” Id. An ALJ may use the testimony of a vocational expert to
24 determine whether the claimant can perform past relevant work and whether her skills can be used
25 in other work. 20 C.F.R. § 404.1566(e); Ghanim v. Colvin, 763 F.3d 1154, 1166 (9th Cir. 2014).
26 He may rely on a vocational expert’s testimony based on a hypothetical if it “contain[s] all of the
27 limitations that the ALJ found credible and supported by substantial evidence in the record.”
28 Ghanim, 763 F.3d at 1166 (citing Bayliss v. Barnhart, 427 F.3d 1211, 1217 (9th Cir. 2005)).

1 Credibility questions, conflicts in the medical testimony, and all other ambiguities are resolved by
2 the ALJ. Magallanes, 881 F.2d at 750.

3 Here, in reaching his conclusion that “the claimant is able to perform [her past relevant
4 work] as actually and generally performed,” the ALJ relied on the testimony of a vocational
5 expert, Malcolm Brodzinsky. AR 41. Brodzinsky testified that for the entire relevant period Ma
6 worked as a housekeeping cleaner with “light physical demands.” AR 79. Although Ma claims
7 that the ALJ inappropriately led the vocational expert to the conclusion that Ma’s job was “light
8 work,” ECF No. 17 at 12, the record shows that the vocational expert used the phrase “light
9 physical demands” at the outset of his testimony in response to a generic question (“Could you
10 describe her past work for me, please?”) and characterized housekeeping, as generally performed
11 in the economy, as a “light job” without any improper prompting from the ALJ. AR 79–81. At
12 one point, the ALJ in fact suggested that Ma’s work might “maybe be a medium job.” AR 80.
13 There is no indication in the record that the ALJ’s questioning on this point was unfair or
14 improperly leading.

15 The ALJ asked several questions involving lifting mattresses, which he estimated “would
16 probably be a little more than 20 pounds.” AR 79–80. Ma notes that mattresses at major hotel
17 chains weigh substantially more than 20 pounds. ECF No. 17 at 11. She also claims that the ALJ
18 erroneously stated that Ma would work with a partner, directly contradicting Ma’s testimony that
19 she was responsible for up to 14 rooms and was required to work alone. ECF No. 17 at 12. Ma’s
20 argument is not supported by the administrative record. The record indicates that the vocational
21 expert, rather than the ALJ, stated that housekeepers “wouldn’t be required to lift mattresses
22 alone,” but “would be in teams of two.” AR 81. The vocational expert concluded that two
23 housekeepers “would have equal responsibility” for “a mattress weighing as much as 40 pounds.”
24 Id. The record does not indicate that the ALJ relied on his own estimate of the weight of a hotel
25 mattress. Rather, it suggests that he relied on the vocational expert’s description of Ma’s past
26 relevant work. At step four, the ALJ is required to determine whether the claimant has the
27 residual functional capacity to perform her past work, either as performed at a particular past
28 relevant job or as generally required by employers throughout the national economy. Pinto, 249

1 F.3d at 844–45. He “may take administrative notice of any reliable job information, including
2 information provided by a [vocational expert]. A [vocational expert’s] recognized expertise
3 provides the necessary foundation for his or her testimony.” Bayliss, 427 F.3d at 1218. Here, the
4 transcript demonstrates that the vocational expert properly provided job information to the ALJ,
5 not that the ALJ relied on his own assumptions about Ma’s past relevant work.

6 The vocational expert responded to two hypothetical questions. The ALJ first posed the
7 following question:

8 ALJ: An individual who can lift 20 pounds and sit, stand, and walk
9 for six hours each — so, in some combination then complete
10 an eight-hour workday — would such an individual be able
11 to perform her past work?

12 VE: No, I — that — I need some clarity on that. You said a
13 combination of sit, stand, and walk six hours of eight hours?

14 ALJ: She can sit, stand, or walk six hours each.

15 VE: Okay.

16 ALJ: And so, in some combination of sitting, standing, and
17 walking can complete an eight-hour workday. I —

18 VE: Such a hypothetical individual could perform that work
19 because the standing and walking together would be part of
20 the job.

21 ...

22 ALJ: Would that be plus the full range of unskilled, light work?

23 VE: Yes, it would, your honor.

24 Ma argues that this hypothetical was improper because it contradicts the opinion of Ma’s treating
25 physician, Dr. Fernandez, and because it “is not based on any evidence whatsoever, let alone
26 substantial evidence.” ECF No. 17 at 12. This argument is unpersuasive. An ALJ may rely on a
27 vocational expert’s testimony based on a hypothetical if it “contain[s] all of the limitations that the
28 ALJ found credible and supported by substantial evidence in the record.” Ghanim, 763 F.3d at
1166 (citing Bayliss, 427 F.3d at 1217). Credibility questions, conflicts in the medical testimony,
and all other ambiguities are resolved by the ALJ. Magallanes, 881 F.2d at 750. The ALJ was not
required to incorporate Dr. Fernandez’s opinion in the hypothetical posed to the vocational expert
because he had concluded that this opinion was “inconsistent with the overall evidence of record.”

AR 40–41. The hypothetical finds support in the functional assessment of Dr. Chen, who concluded that Ma “can stand and walk for six hours in an eight-hour workday. She can sit for six hours in an eight hour day.”¹ AR 37, 717. The ALJ’s hypothetical was properly based on the limitations that he found credible and supported by substantial evidence in the record.

The vocational expert also responded to a second hypothetical posed by Ma’s counsel. Counsel added to the ALJ’s hypothetical Ma’s reported chronic fatigue, specifically “that she doesn’t get up until noon and she goes to bed at 10:00, and she spends at least half that time lying down because of fatigue and pain.” AR 85. The vocational expert responded that “a hypothetical individual who had those restrictions and limitations would not be able to work in that position.” Id. In his written decision, the ALJ found that “[t]he evidence of record does not support a finding that claimant must lie down frequently during the day. Claimant’s treatment notes do not indicate constant complaints of fatigue and no such work restriction has been included in any medical source statement.” AR 42. Ma points to Dr. Cayton’s report of November 12, 2010 as evidence that Ma suffers from fatigue, insomnia, and reduced daytime alertness, corroborating Ma’s own testimony regarding her fatigue. ECF No. 17 at 13. Dr. Cayton’s report states that Ma has “moderate exertional fatigue” and that she “reports generalized fatigue” as a result of her mitral stenosis, and concludes that “[w]orkplace modifications may be necessary, but these conditions do not prevent Ms. Ma from returning to work.” AR 880, 886. Dr. Cayton does not state that Ma must lie down frequently during the day, or include the specific limitations listed in counsel’s hypothetical. These restrictions are derived from Ma’s testimony. AR 75–77. The ALJ explained that “the claimant’s statements concerning the intensity, persistence and limiting effects of [her] symptoms are not credible” because although “the claimant’s medically determinable impairments could reasonably be expected to cause the alleged symptoms,” “the objective medical evidence of record does not support the extent of the claimant’s subjective allegations.” AR 40. He cited extensive evidence from Ma’s medical history and testimony in support of his conclusion. Id.

¹ Dr. Chen’s functional assessment might be read to mean that Ma can stand and walk for a *total* of six hours a day and sit for six hours a day, rather than that she can sit, stand, and walk for six hours each. However, it does not matter how the Court might interpret this assessment. It is for the ALJ to resolve ambiguities in the evidence. Magallanes, 881 F.2d at 750.

1 This credibility determination is within the discretion of the ALJ, and provides no basis for
2 disturbing his decision. See Magallanes, 881 F.2d at 750, 751. The Court concludes that
3 substantial evidence in the record supports the ALJ's conclusion that counsel's hypothetical was
4 not representative of Ma's residual functional capacity.

5 **2. The ALJ's Evaluation of the Medical Opinion Evidence**

6 Ma next argues that the ALJ's decision is not based on substantial evidence because the
7 ALJ gave "great weight" to the opinion of Dr. Kolin, a consulting psychologist, even though Ma's
8 disability claim is based on her orthopedic and cardiac conditions, rather than a mental or
9 behavioral disorder. ECF No. 17 at 13; AR 40. In Ma's view, the ALJ's decision was necessarily
10 flawed because he relied heavily on a consulting expert in a specialty unrelated to her claim, while
11 discounting the reports of Drs. Lipton and Cayton and her treating physician, Dr. Fernandez. ECF
12 No. 17 at 13.

13 The Ninth Circuit distinguishes between the opinions of three types of physicians: "(1)
14 those who treat the claimant (treating physicians); (2) those who examine but do not treat the
15 claimant (examining physicians); and (3) those who neither examine nor treat the claimant
16 (nonexamining physicians)." Lester v. Chater, 81 F.3d 821, 830 (9th Cir. 1995). In general, a
17 treating physician's opinion is afforded greater weight because "he is employed to cure and has a
18 greater opportunity to know and observe the patient as an individual." Magallanes, 881 F.2d at
19 751. "The treating physician's opinion is not, however, necessarily conclusive as to either a
20 physical condition or the ultimate issue of disability." Id. An ALJ may reject the uncontroverted
21 opinion of a claimant's physician if he presents clear and convincing reasons for doing so. Id.
22 Where physicians' opinions are in conflict, an ALJ may reject the opinion of the treating physician
23 if he "make[s] findings setting forth specific, legitimate reasons for doing so that are based on
24 substantial evidence in the record." Id.; see also 20 C.F.R. § 404.1527(d)(2) ("Although we
25 consider opinions from medical sources on issues such as . . . your residual functional
26 capacity . . . , or the application of vocational factors, the final responsibility for deciding these
27 issues is reserved to the Commissioner."). "[W]here the evidence is susceptible of more than one
28 rational interpretation," the decision of the ALJ must be upheld. Moncada v. Chater, 60 F.3d 521,

1 523 (9th Cir. 1995).

2 As an initial matter, there is no indication in the record that the ALJ gave improper weight
3 to the opinion of Dr. Kolin. The decision properly surveys all of Ma's reported symptoms,
4 including the evidence in the record related to her mental health. See AR 40. The ALJ appears to
5 rely on Dr. Kolin's opinion only for his conclusion that Ma's mental health does not interfere with
6 her capacity to perform unskilled work, which Ma does not dispute. AR 40; ECF No. 17 at 13.
7 There is no suggestion that the ALJ's evaluation of the opinions of Drs. Lipton, Cayton, and
8 Fernandez was in any way related to his evaluation of Dr. Kolin's opinion.

9 Ma does not point to any evidence in the ALJ's decision that he discounted the opinions of
10 Drs. Lipton or Cayton. Although the ALJ did give less weight to the opinion of Dr. Fernandez,
11 Ma's treating physician, he properly explained that he based this decision on his conclusion that
12 the opinion "is inconsistent with the overall evidence of record." AR 40. In particular, the ALJ
13 explained:

14 Dr. Fernandez's restrictions [including restrictions on lifting over
15 ten pounds and possibly a limitation to sitting no more than one hour
16 per day] are inconsistent with claimant's testimony and her reports
17 to other providers and evaluators regarding her ability to perform
18 activities of daily living. She reports that she can walk 1–2 miles,
19 do housework, attend temple for an hour, exercise at the gym, cook,
20 and grocery shop. Dr. Fernandez's restrictions are also inconsistent
21 with claimant's negative examination and demonstrated ease of
22 movement on October 27, 2010, and with claimant's normal
23 electrophysiological studies (Exhibits 9F and 23F). Great weight is
24 given to the opinions of the state agency medical consultants who
25 found the claimant capable of light work, as these opinions are
26 consistent with the overall evidence of record (Exhibits 18F and
27 21F).

28 The ALJ's conclusion that Dr. Fernandez's opinion should not be given controlling weight finds
adequate support in the record and must therefore be affirmed.

The issue is not whether there is some evidence to support Ma's position, but rather
whether there is substantial evidence to support the ALJ's findings. If there is substantial
evidence to support the ALJ's findings, the Court cannot substitute its own evaluation of the
evidence. Key v. Heckler, 754 F.2d 1545, 1549 (9th Cir. 1985); see also Moncada, 60 F.3d at 523
("Where evidence is susceptible to more than one rational interpretation, the decision of the ALJ

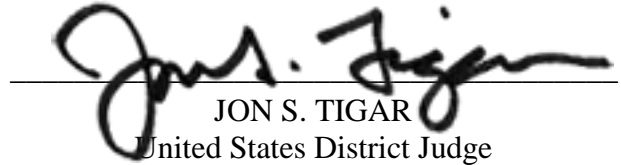
1 must be upheld.”); Drouin, 966 F.2d at 1258 (“Where evidence exists to support more than one
2 rational interpretation, the Court must defer to the decision of the ALJ.”). Here, the record
3 contains substantial evidence supporting the ALJ’s finding that Ma had the residual functional
4 capacity to perform her past relevant work and the Court must therefore defer to his conclusions.

5 **III. CONCLUSION**

6 For the foregoing reasons, Plaintiff’s motion for summary judgment is DENIED and
7 Defendant’s motion for summary judgment is GRANTED.

8 **IT IS SO ORDERED.**

9 Dated: December 16, 2014

10 
11 JON S. TIGAR
12 United States District Judge